

AN ORDINANCE **101624**

**AUTHORIZING THE ACCEPTANCE OF A COOPERATIVE AGREEMENT AWARD OF \$1,508,800.00 FROM THE U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES (DHHS) TO CONTINUE THE STEPS TO A HEALTHIER SAN ANTONIO PROGRAM (STEPS-SA) OF THE SAN ANTONIO METROPOLITAN HEALTH DISTRICT (SAMHD) FOR THE PERIOD SEPTEMBER 22, 2005 THROUGH SEPTEMBER 21, 2006; ADOPTING THE PROGRAM BUDGET; APPROVING THE PERSONNEL COMPLEMENT; AND AUTHORIZING PAYMENTS FOR CONTRACTUAL SERVICES.**

\* \* \* \* \*

**WHEREAS**, the U.S. Department of Health and Human Services (DHHS) issued funding in May 2004 entitled "Steps to a Healthier US: A Community-Focused Initiative to Reduce the Burden of Asthma, Diabetes, and Obesity; and

**WHEREAS**, the San Antonio Metropolitan Health District (SAMHD) assembled a group of interested partners to collaborate on a local application to combat chronic disease, primarily asthma, diabetes and obesity by addressing the risk factors of tobacco use, nutrition and physical activity; and

**WHEREAS**, the DHHS offered the SAMHD a first year cooperative agreement award in the amount of \$1,000,000.00 for the SAMHD to establish the Steps to A Healthier San Antonio Program (Steps-SA); and

**WHEREAS**, the DHHS has given notice of a second year cooperative agreement award in the amount of \$1,508,800.00 to the SAMHD to continue said program for the period September 22, 2005 through September 21, 2006; and

**WHEREAS**, it is now necessary to authorize the acceptance of the cooperative agreement award from the DHHS, adopt the project budget, approve a personnel complement, and authorize payments for contractual services; **NOW THEREFORE:**

**BE IT ORDAINED BY THE CITY COUNCIL OF THE CITY OF SAN ANTONIO:**

**SECTION 1.** The City Manager, or his designee, is hereby authorized to accept a Cooperative Agreement award in the amount of \$1,508,800.00 from the DHHS to continue activities related to the "Steps to a Healthier US: A Community Focused Initiative to Reduce the Burden of Asthma, Diabetes, and Obesity" during the period September 22, 2005 through September 21, 2006. A copy of the Notice of Cooperative Agreement Number U58/CCU624469-02 is attached hereto and incorporated herein as Attachment II.

**SECTION 2.** Fund No. 26022000, Fund Center 3606620000, Cost Center 3606620002, Internal Order 136000000285 entitled "2005-06 Steps to a Healthier US", is hereby designated for use in accounting for the fiscal transactions of this project.

**SECTION 3.** The sum of \$1,508,800.00 is hereby appropriated in the above-designated fund, GL 4501100, and the budget set out in Attachment I is approved and adopted for entry on the City books.

**SECTION 4.** Payments in an aggregate amount not to exceed \$1,074,464.00 are authorized for professional service agreements being developed to collaborate with community partners for the period September 22, 2005 through September 21, 2006. These payments will be made from Fund No. 26022000, Fund Center 3606620000, Cost Center 3606620002, Internal Order 136000000285, GL 5201040 Fees to Professional Contractors, on a fee-for-service basis.

**SECTION 5.** The five (5) personnel positions set out in Attachment I and incorporated herein are authorized for the activity shown thereon.

**SECTION 6.** The Director of Finance may, subject to concurrence by the City Manager or the City Manager's designee, correct allocation to specific fund numbers, internal order numbers, and SAP GL numbers as necessary to carry out the purpose of this ordinance.

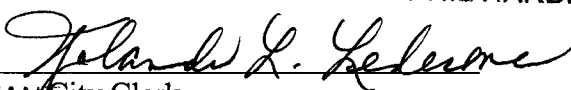
**SECTION 7.** Should the grant awarded be in an amount other than that budgeted for, or should the grant contain terms and conditions different than those currently existing, acceptance of the grant, budget and corresponding personnel complement will be subject to subsequent City Council ordinance.

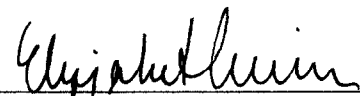
**SECTION 8.** This ordinance shall be effective on and after November 13, 2005

PASSED AND APPROVED this 3rd day of November, 2005.

  
M A Y O R

PHIL HARDBERGER

ATTEST:   
ASSISTANT City Clerk

APPROVED AS TO FORM:   
City Attorney

**Attachment I**  
**Steps To A Healthier US**  
**Fund 26022000**  
**Funds Center 3606620000**  
**DHHS Cooperative Agreement Number U58/CCU624469-02**  
**Budget for Period : 09/22/2005 to 09/21/2006**

ESTIMATED REVENUES	GL	CURRENT BUDGET
STEPS to a Healthier US	4501100	1,508,800
<b>Total Estimated Revenues</b>		<b>\$ 1,508,800</b>

**APPROPRIATIONS**

**Steps to a Healthier US Grant Project**

Activity: 36-06-62

Cost Center: 3606620002

Internal Order: 136000000285

Regular Salaries & Wages	5101010	200,537
Retirement Benefits -Soc Sec	5103005	15,341
Life Insurance	5103010	457
Personal Leave Buy Back	5103035	918
Retirement Benefits -TMRS	5105010	22,919
Fees to Professional Contractors	5201040	1,074,464
Binding, Printing & Reproduction	5203060	10,000
Transportation Fees	5203090	3,564
Mail & Parcel Post Service	5205010	500
Rental of Office Equipment	5205020	900
Rental of Facilities	5206010	14,986
Travel - Official	5207010	41,082
Office Supplies	5302010	3,240
Other Commodities	5304080	61,158
Phone and Fax Services	5403010	2,160
Automatic Data Processing Services	5403520	2,520
Group Health Insurance	5405040	27,126
Indirect Cost	5406530	17,748
Computer Equipment	5501000	6,731
Furniture and Fixtures	5501065	2,449
<b>Total</b>		<b>\$ 1,508,800</b>

**PERSONNEL COMPLEMENT**

Activity: 36-06-62

Cost Center: 3606620002

Internal Order: 136000000285

	PREVIOUS POSITIONS	ADD (DEDUCT)	REVISED POSITIONS
0206 Health Program Manager	1	0	1
0999 Sr. Management Analyst	1	0	1
0040 Administrative Assistant I	1	0	1
0247 Public Health Nursing Supervisor	1	(1)	0
0870 Special Projects Coordinator	1	0	1
0870 Special Projects Coordinator (.50 FTE)	0	1	1
0156 Contract Services Manager (.25 FTE)	1	(1)	0
0243 PH Nurse Practitioner / Nurse Consultant (.20 FTE)	1	(1)	0
	<u>7</u>	<u>(2)</u>	<u>5</u>



DEPARTMENT OF HEALTH & HUMAN SERVICES

ATTACHMENT II

Public Health Service

Centers for Disease Control  
and Prevention (CDC)  
Atlanta GA 30333

SEP 12 2005

Fernando A. Guerra, MD, MPH  
Director of Health  
San Antonio Metropolitan Health District  
332 West Commerce St.  
Suite 307  
San Antonio, Texas 78205-2489

Reference: Cooperative Agreement Number: U58/CCU624469-2

Dear Dr. Guerra:

Enclosed is the Year 2 award under Program Announcement 04234 "Steps to a HealthierUS: A Community-Focused Initiative to Reduce the Burden of Asthma, Diabetes, and Obesity". The Project Officer listed on the enclosed Contact List is responsible for the review and programmatic monitoring of your project. The Grants Management Specialist, also listed, is assigned the business management responsibilities for your award.

All reports and correspondence directed to this office should include the original and two copies and reference the **Cooperative Agreement Number** given above. Please address incoming correspondence to:

Nealean K. Austin, Grants Management Officer  
Procurement and Grants Office  
Acquisition and Assistance Branch III, Team II  
Attention: Patricia French  
2920 Brandywine Road, Room 3000, MS/E-09  
Atlanta, GA 30341

Should you have any questions concerning this cooperative agreement, please contact the appropriate individual on the Contact List.

Sincerely,

Nealean K. Austin  
Grants Management Officer  
Acquisition and Assistance Branch III, Team II  
Procurement & Grants Office

Enclosures

cc: Grantee Business Office  
Elijah West

93.283

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
PUBLIC HEALTH SERVICE  
CENTERS FOR DISEASE CONTROL AND PREVENTION

## NOTICE OF COOPERATIVE AGREEMENT

AUTHORIZATION (LEGISLATION/REGULATION)

SEC 301(A) AND 317(K)(2) OF 42 US CODE

1. SUPERSEDES AWARD NOTICE DATED _____ EXCEPT THAT ANY ADDITIONS OR RESTRICTIONS _____ PREVIOUSLY IMPOSED REMAIN IN EFFECT UNLESS SPECIFICALLY RESCINDED.	
2. GRANT NO.  U58/CCU624469-02	5. ADMINISTRATIVE CODES  CCU58
3. PROJECT PERIOD FROM 09/22/2004	THROUGH 09/21/2009
4. BUDGET PERIOD FROM 09/22/2005	THROUGH 09/21/2006

1. TITLE OF PROJECT (OR PROGRAM)

## STEPS TO A HEALTHIER US

7. GRANTEE NAME AND ADDRESS

SAN ANTONIO METROPOLITAN HEALTH DISTRICT  
SAN ANTONIO METROPOLITAN HEALTH DISTRICT  
332 WEST COMMERCE, SUITE 307  
SAN ANTONIO,, TX 78205

10. DIRECTOR OF PROJECT (PROGRAM DIRECTOR/PRINCIPAL INVESTIGATOR)

FERNANDO A. GUERRA, MD,MPH, DIR OF HEA  
SAN ANTONIO METROPOLITAN HEALTH DISTRI  
332 WEST COMMERCE, SUITE 307  
SAN ANTONIO,, TX 78205

1. APPROVED BUDGET (EXCLUDES PHS DIRECT ASSISTANCE)		
PHS GRANT FUNDS ONLY		
I TOTAL PROJECT COSTS INCLUDING GRANT FUNDS AND ALL OTHER FINANCIAL PARTICIPATION		
(PLACE NUMERAL ON LINE) <u>II</u>		
1. SALARIES AND WAGES.....\$		200,537
2. FRINGE BENEFITS.....\$		66,761
3. TOTAL PERSONNEL COSTS.....\$		267,298
4. CONSULTANT COSTS.....		0
5. EQUIPMENT.....		9,180
6. SUPPLIES.....		64,398
7. TRAVEL.....		44,646
8. PATIENT CARE-INPATIENT.....		0
9. PATIENT CARE-OUTPATIENT.....		0
10. ALTERATIONS AND RENOVATIONS.....		0
11. OTHER.....		408,266
12. CONSORTIUM/CONTRACTUAL COSTS.....		1,074,464
13. TRAINEE RELATED EXPENSES.....		0
14. TRAINEE STIPENDS.....		0
15. TRAINEE TUITION AND FEES.....		0
16. TRAINEE TRAVEL.....		0
17. TOTAL DIRECT COSTS.....	\$	1,868,252
18. INDIRECT COSTS ( 0.00 % OF S&W/TADC)	\$	17,748
19. TOTAL APPROVED BUDGET.....	\$	1,886,000
20. SBIR FEE.....	\$	0
21. FEDERAL SHARE.....	\$	1,508,800
22. NON-FEDERAL SHARE.....	\$	377,200

12. AWARD COMPUTATION FOR FINANCIAL ASSISTANCE			
A. AMOUNT OF PHS FINANCIAL ASSISTANCE (FROM 11.U).....\$		1,508,800	
B. LESS UNOBLIGATED BALANCE FROM PRIOR BUDGET PERIODS..\$		0	
C. LESS CUMULATIVE PRIOR AWARD(S) THIS BUDGET PERIOD...\$		0	
D. AMOUNT OF FINANCIAL ASSIST. THIS ACTION		\$ 1,508,800	
13. RECOMMENDED FUTURE SUPPORT (SUBJECT TO THE AVAILABILITY OF FUNDS AND SATISFACTORY PROGRESS OF THE PROJECT)			
BUDGET YEAR	TOTAL DIRECT COSTS	BUDGET YEAR	TOTAL DIRECT COSTS
A. 3	1,000,000	D. 0	0
B. 4	1,000,000	E. 0	0
C. 5	1,000,000	F. 0	0
14. APPROVED DIRECT ASSISTANCE BUDGET (IN LIEU OF CASH)			
A. AMOUNT OF PHS DIRECT ASSISTANCE.....\$		0	
B. LESS UNOBLIGATED BALANCE FROM PRIOR BUDGET PERIODS..\$		0	
C. LESS CUMULATIVE PRIOR AWARDS FROM THIS BUDGET PERIOD\$		0	
D. AMOUNT OF DIRECT ASSISTANCE THIS ACTION		\$ 0	
15. PROGRAM INCOME SUBJECT TO 45 CFR PART 74, SUBPART F, OR 45 CFR 92.25, SHALL BE USED IN ACCORDANCE WITH ONE OF THE FOLLOWING ALTERNATIVES: (SELECT ONE AND PUT LETTER IN BOX.)			
A. DEDUCTION			
B. ADDITIONAL COSTS			
C. MATCHING			
D. OTHER RESEARCH(ADD/DEDUCT OPTION)			
E. OTHER (SEE REMARKS)			

REMARKS (OTHER TERMS AND CONDITIONS ATTACHED - ☐ YES ☒ NO)

SPONSOR: NATL. CTR. FOR CHRONIC DISEASE PREV. & HEALTH PROMOTION

\* IDC RATE BASE: SEE ATTACHED

THE GRANTS MANAGEMENT OFFICER: (SIGNATURE)

(NAME-TYPED/PRINT)

(TITLE)

NEALEAN AUSTIN

GRANTS MANAGEMENT OFFICER

7. OBJ. CLASS. 41.51		18. CRS.EIN: I-174600207-A1		19. LIST NO.: C0-385-A05	
FY-CAN		DOCUMENT NO.	ADMINISTRATIVE CODE	AMT.ACTION FIN.ASST	AMT.ACTION DIR.ASST
0.A 05-19272 05-9210016		B. CCU624469	C. CCU58	D. 1,508,800	E.
1.A		B.	C.	D.	E.

**NOTICE OF COOPERATIVE  
AGREEMENT**

*(Continuation Sheet)*

**PAGE 2 OF 5**

**DATE ISSUED**

**AWARD NO. U58/CCU624469-2**

**TERMS AND CONDITIONS OF AWARD**

1. **INCORPORATION:** Program Announcement Number 04234 and the application dated May 31, 2005, and all applicable laws and regulations, are made a part of this award by reference.
2. **AWARDED FUNDS:** This Notice of Cooperative Agreement awards funds in the amount of \$1,508,800 for Year 2, September 22, 2005, through September 21, 2006. The project period ends September 21, 2009.
3. **HUMAN SUBJECT RESTRICTIONS:** None  
Notice: Under governing regulations, Federal Funds administered by the Department of Health and Human Services (DHHS) shall not be expended for research involving human subjects, and individuals shall not be enrolled in such research, without prior approval by the Office of Human Research Protection (OHRP) of an assurance to comply with the requirements of 45 CFR 46 to protect human research subjects. In addition, awardees and any institutions, performance sites, contractors, and independent investigators receiving funds involving human subjects research are required to have an OHRP approved assurances of compliance per Federal Regulations 45 CFR 46.
4. **SUMMARY STATEMENTS:**  
The recipient must respond to the weaknesses noted in the attached Summary Statement. Your response must be submitted to the Grants Management Officer for review and approval within 60 days after the receipt of the Notice of Cooperative Agreement award. Failure to adhere to this requirement may adversely affect future funding.
5. **INDIRECT COSTS:** Agreement Dated September 30, 2003  
  
Indirect Cost Rate Agreement established by the City of San Antonio Texas
6. **RECIPIENT FINANCIAL PARTICIPATION:**  
To maintain the \$4:\$1 cost sharing required, the level of cost sharing participation is \$377,200. This amount is incorporated in the "Other" cost category on Page 1 of this award. This amount is the required ratio of cost sharing; therefore, it may differ from the amount shown on the award. The amount on the award is the same as the amount reflected in your Interim Progress Report. If you want the amount on the award to reflect the required ratio, submit a revised budget for the cost sharing.

When the grantee is not able to meet the required level of matching funds, the CDC must be notified immediately. CDC shall reduce the amount the Federal share of cooperative agreement so the maximum Federal share of total project costs is not exceeded.

**NOTICE OF COOPERATIVE  
AGREEMENT**

*(Continuation Sheet)*

**PAGE 3 OF 5**

**DATE ISSUED**

**AWARD NO. U58/CCU624469-2**

**7. REPORTING REQUIREMENTS:**

Award recipients under this Program Announcement are required to submit an Annual Progress Report. However, in an effort to streamline the non-competing continuation process, you are required to submit an Interim Progress Report, which will serve as your non-competing continuation application. You will receive specific guidance regarding the submission date and content of your Interim Progress Report.

The Annual Progress Report is due 90 days after the end of the budget period. The Annual Progress Report is due December 22, 2006.

The Financial Status Report (FSR) is due 90 days after the end of the budget period. The FSR is due December 22, 2006.

All reports must be sent to the following address:

Nealean K. Austin  
Grants Management Officer  
Acquisition and Assistance Branch III, Team II  
Attention: Patricia French  
Program Announcement 04234  
Centers for Disease Control and Prevention  
2920 Brandywine Road, Suite 3000, MS E09  
Atlanta, GA 30341

- 8. CORRESPONDENCE:** All correspondence regarding this award must be identified with the award number as shown at the top right of this page.

- 9. PRIOR APPROVAL:** All requests that require the prior approval of the Grants Management Officer must bear the signature of an authorized official of the grantee business office as well as that of the principal investigator or program director. Any request received without two signatures will be returned.

ALL requests for carryover must be received 120 days prior to the end of the current budget period. **Any requests for carryover of unobligated funds should be submitted to the Grants Management Officer no later than June 22, 2006. Requests received after this time will be denied and returned to the grantee.** Facsimile requests are acceptable.

- 10. INVENTIONS:** Acceptance of grant funds obligates recipients to comply with the "standard patent rights" clauses in 37 CFR 401.14.

- 11. PUBLICATIONS:** Publications, journal articles, etc. produced under a CDC grant support project must bear an acknowledgment and disclaimer, as appropriate, such as: This publication (journal article, etc.) was supported by Cooperative Agreement Number (insert number) from CDC. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of CDC.

**NOTICE OF COOPERATIVE  
AGREEMENT**

*(Continuation Sheet)*

**PAGE 4 OF 5**

**DATE ISSUED**

**AWARD NO. U58/CCU624469-2**

12. **EQUIPMENT AND PRODUCTS:** To the greatest extent practicable, all equipment and products purchased with CDC funds should be American-made.
13. **ACKNOWLEDGMENT OF FEDERAL SUPPORT:** When issuing statements, press releases, requests for proposals, bid solicitations and other documents describing projects or programs funded in whole or in part with Federal money, all awardees receiving Federal funds, including and not limited to State and local governments and recipients of Federal research grants, shall clearly state (1) the percentage of the total costs of the program or project which will be financed with Federal money, (2) the dollar amount of Federal funds for the project or program, and (3) percentage and dollar amount of the total costs of the project or program that will be financed by non-governmental sources.
14. **INSPECTOR GENERAL:** For your information, the United States Department of Health and Human Services Inspector General maintains a toll-free telephone number, 800-477-8477, for receiving information concerning fraud, waste or abuse under grants and cooperative agreements. Such reports are kept confidential, and callers may decline to give their names if they choose to remain anonymous.
15. **PAYMENT INFORMATION:**  
*Automatic Drawdown:*

Payment under this award will be made available through the Department of Health and Human Services (HHS) Payment Management System (PMS). PMS is administered by the Division of Payment Management. Their website address is: <http://www.dpm.psc.gov>. They will forward instructions for obtaining payments. Inquiries should be directed to:

Director, Division of Payment Management, OS/ASAM/PSC/FMS/DPM  
P.O. Box 6021  
Rockville, MD 20852

**Fax Numbers:**

University and Non-Profit Payment Branch (301) 443-2672  
Governmental and Tribal Payment Branch (301) 443-2569  
Cross Servicing Payment Branch: (301) 443-0377

16. **AUDIT FILING COMPLIANCE:** If an audit is due under OMB Circular A-133, it must be submitted, with a data collection form, to the Federal Audit Clearinghouse within nine (9) months of the end of an organization's fiscal year/audit period.

You are required to ensure that subrecipients receiving CDC funds also meet the requirements of OMB A-133 (total Federal grant or cooperative agreement funds received exceed \$500,00). Additionally, you must also ensure that appropriate corrective action is taken within six months after receipt of the subrecipient audit report in instances of non-compliance with Federal laws and regulations. You are to consider whether subrecipient audits necessitate adjustment of your own records. If a subrecipient is not required to have



**NOTICE OF COOPERATIVE  
AGREEMENT**

*(Continuation Sheet)*

**PAGE 5 OF 5**

**DATE ISSUED**

**AWARD NO. U58/CCU624469-2**

audits necessitate adjustment of your own records. If a subrecipient is not required to have an OMB A-133 audit, you are still required by OMB A-133 to perform adequate monitoring of subrecipient activities. You should require each subrecipient to permit independent auditors to have access to the subrecipients records and financial statements should include these requirements in subrecipient contracts.

**NOTICE OF COOPERATIVE  
AGREEMENT**

*(Continuation Sheet)*

**PAGE 6 OF 5**

**DATE ISSUED**

**AWARD NO. U58/CCU624469-2**

**CDC CONTACT LIST**

**Grants Management Officer (GMO)**

Nealean K. Austin  
Grants Management Officer  
Procurement and Grants Office  
Acquisition and Assistance Branch  
Mail Stop E-09  
2920 Brandywine Road, Rm. 3000  
Atlanta, GA 30341  
Telephone: (770) 488-2722  
Fax: (770) 488-2777

**Business and Grants Policy Contact**

Patricia French  
Grants Management Specialist  
Procurement and Grants Office  
Acquisition and Assistance Branch  
Mail Stop E-09  
2920 Brandywine Rd., Rm. 3000  
Atlanta, GA 30341  
Telephone: (770) 488-2758  
Fax: (770) 488-2777  
e-mail: pff6@cdc.gov

**Programmatic Contact**

Kathleen Heiden  
Program Consultant  
STEPS to a Healthier US Program  
Centers for Disease Control & Prevention (CDC)  
National Center for Chronic Disease Prevention and Health Promotion  
4770 Buford Highway, N.E.,  
Atlanta, GA 30341  
Telephone: (770) 488-6059  
e-mail: kih9@cdc.gov